STATE (OF	MARYL	AND-C	ERTIFI	CATE	OF	DEATH
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1 : (20)

1. PLACE OF DEATH	0039
County St Mary	Registration Dist. No. 281
1/	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs, mos, ds.
2. FULL NAME Sarah & Ubell (a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chomas abull 6. DATE OF BIRTH (month, day, and year) July 22, 1863 7. AGE Years Months Days If LESS than I day,hrs.	22. I HEREBY CERTIFY, That I attended deceased from 1937, to May 5, 1937; death is said to have occurred on the date stated above, at 4115 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) California (State or country) And 13. NAME Joseph C Dent	Diabetes 1926
13. NAME Joseph C Dent 14. BIRTHPLACE (city or town) (State or country) Manyland	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Emma R Hammett 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT May Surie Richardson (Address)	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OB REMOVAL Place Limity Emeleng Date May 7, 1937 19. UNDERTAKER C. Address)	Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED May 6, 1937 Of Lor of Registrar.	(Signed) Address) Gut Mills, Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 5640
County It marys	Registration Dist. No. 257
~/ ^ ·	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	osds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME fames Richley Ba	ster
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wije the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That t attended deceased from
6. DATE OF BIRTH (month, day, and year) 1907	I last saw h was alive on May 16, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.38A m.
30 unfuron I day,hr.	have a followed the DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEEPER, etc.	Oate of onset
	Jalmonany Jaben culoses Jun 113
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11 Total time (years)	
this occupation should and 936 spant in this year)	
12. BIRTHPLACE (city or town) Great Malls (State or country)	Other Contributory Causes of importance;
±	
4. BIRTHPLACE (city or town) / 14. State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Della Barber	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Great mylls	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Matthews Garber (Address) Great Wills Wid	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place to ly tace Cemely Date May 15, 1977	Nature of injury
19. UNDERTAKER WM C mattingly (Address) demander of mattingly	24. Was disease or injury in any way related to occupation of deceased?
h. a see bloom bo	(Signed) AAB M. D.
20. FILED Mary 1. 1937 Registrar.	(Andress) Great Mills, Ind

CTATE OF MADVIAND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, ctc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 5 1931	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	5641
County St. Maryo	Registration Dist. No. 28/
Village or City Hermanwelle	NoSt.,Ward
Length of residence In city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?mosds.
2. FULL NAME Lames Lucy!	Bennett
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) lunknown 1923	1 last saw handlive on 222 4 19 37; deeth is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2. A.m.
14 unknown or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	accidental Poisining 5/15/37
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	dines ; - seadines, which had spoiled and
10, Dato deceased lest worked at this occupation (month and Mary 1937 spent in this occupation occupation	- Lad been theour owny by the storekeefeel
12. BIRTHPLACE (city or town) Hermanille	Other Contributory Causes of importance: Was in the habit of eating almost anything
(State or country) Thanks and 13. NAME Wilburt Bernett	he could finds
14. BIRTHPLACE (city or town) The common of	Name of operation Dete of
15. MAIDEN NAME annie Grande	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) A Association (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Wilburt Bernsett. (Address) Hermannell, Ind.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIece J. Michaelas Date May 17, 1937	Manner of Injury
19. UNDERTAKER Thomas tarring (Address) Hermanville had	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED May 18, 19 37 PBean ME Registrar.	(Signed) Office M. D. (Address) Great hills, Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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imple I	1	Example II	
181 CEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
- 1881	1021	Run over by street car	1 week ago
JOM	July 5, 1927	Peritonitis	3 days ago
BUREAU			
f importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	JUNI 5 1988	n and related causes Date of onset vs: 1915 1021 July 5,1927 f importance:	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

19. UNDERTAKER

(Address)

20. FILED May

STATE OF MADVIAND	CEDTIFICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF DEATH 5642
1-1	(94%)
	Registration Dist. No. 28/
Village or City family Sound	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?
2. FULL NAME George & Bris	
(Usual place of abode)	St., Ward. If nonresident give city or lown and Slate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
mala Plant OR DIVORCED (write the word)	May 6 1037
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
Mary Oriscre	Turay 5 , 19 37, 10 Turay 6 , 1937
S. DATE OF BIRTH (month, day, and year) July, 28, 1870	I last saw h alive on Thay 5 J., 19 87; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 145 Am.
66 9 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, cr particular kind of work done, as SPINNER,	Coronary Thrombos in Date of greet
SAWYER, BOOKKEEPER, etc.	7/1/1/
4 Industry or business in which work was done, as SILK MILL.	
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month end may 1937 11. Total time (years) spent in this year)	
P Occupation Ju	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Ources forut	
(State or country) In dry land	
13. NAME John Bliscoe	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Maryland	What test confirmed diegnosis? Wes there an europsy?
15. MAIDEN NAME Mary anna Garner	23. If death wes due to externel causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country) Maryland	Where did injury occur?
7. INFORMANT Lugeher Briscoe	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Piney Pount Ind	
8. BURIAL, CREMATION, OR REMOVAL	16

Registrar.

24. Was disease or injury in any way related to occupation of deceased?

Nature of injury

If so, specify

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-18	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 5 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5643
1. PLACE OF DEATH	
County St. may's	Registration Dist. No. 28-6
Village or City all	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME lands n. B	indo
(a) Residence: No. 15-22 Phys (Huy 1	Zanad Ward mark De
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 70 (Month) (Day) (Yedr)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of y ilw a Bruck	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h Acadhine on 5 - 30 - 197 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.4.5 Lm.
30 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, CLU — SAWYER, BOOKKEEPER, etc.	and dental
9. Industry or business in which	a boat was involved filesased fumped from
work was done, as SILK MILL and a lumber Co SAW MILL, BANK, etc	yould, to catch drifting anil-boat : but went down
this occupation (month and year) spent in this occupation	Cefore reaching bout. Cut &
12. BIRTHPLACE (city or town) mash	Other Contributory Causes of Importance:
(State or country)	
13. NAME John T. Buch	
13. NAME John T. 13. NA	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MALE SHOW	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). WU	Accident, suicide, or homicide? Accident. Date of Injury
Collection Country)	Where did Injury occur? More's Book at Many's County mode (Specify city or town, county and State)
17. INFORMANT (Address) / 3 3 9 w 6 / 16 Pllore	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Assidental drawnings.
Place 1 Sla DC , Date 37 - 3/ 7193 7	Nature of injury
19. UNDERTAKER M.C. Wallings (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5-36-, 19.37 M. V. Ballow Registrar.	(Signed) / Would V. Pelum M. D./ (Address) James a Lather Flore
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	9		
Other contributory causes of importance:	name of the second	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

12. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

(Address)

(Address)

14. BIRTHPLACE (city or town).

16. BIRTHPLACE (city or town)
(State or_country)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

13. NAME

17. INFORMANT

t9. UNDERTAKER

FATHER

MOTHER

CAUSE TION IS

S. No.

OCCUPA.

should

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mns. If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Deys Years Months If LESS than e occurred on the date stated above, at 2 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.___ 9. Industry or business in which work was done, as SILK MILE SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... O. O

Registrar. (Address) & bole lo bt Ce

If so, specify ___

What test confirmed diagnosis?.

Where did injury occur?_.

23. If death was due to external ceuses (VIOLENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Accident, suicide, or homicide?______ Date of injury_____, 19_____

..... Was there an autopsy?____

(Specify-city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	77 - 15
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 1937	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		7-7-	

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STATE OF	MARYLAND-	CERTIFICATE OF DEATH 5645
1. PLACE OF DEATH	,	- Color
County Situa	u s	Registration Dist. No. 286
Village or City Que	ulu u	A
		f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deet	th occurredyrsmo:	s. / -ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Janu	aloy sur	1/01/-RU. S. Veteran, specify WAR
(a) Residence: No. and		St., Ward,
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	OR DIVORCED (write the word)	21. DATE OF DEATH 47 24
In the	Sigh	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of		- 1937 to 19
6. DATE OF BIRTH (month, day, end year)	-10-37	i last saw a elive on a 1 2, 1 1, 19 3 2 deeth is said
7. AGE Years Months	Days If LESS then	to have occurred on the dete steted above, at 4 a m.
2	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence
8. Trede, profession, or perticular kind of work done, as SPINNER,	/ D 101 min.	were as follows Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	w	m. al 7. al.
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		The state of the s
SAW MILL, BANK, etc.		was whe
ting occupation (month and	11. Total time (yeers) spent in this	Seen Suddle
year)	occupetion	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town). Week	w.	
(State or country)		
13. NAME Jame Seith	14/1-11	
14. BIRTHPLACE (city or town) Pack	my.	Neme of operation
(State of Country)		Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME (CALL OF TOWN) 16. BIRTHPLACE (city or town)	garef Dy Sur	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
[16. BIRTHPLACE (city or town)	hint	Accident, suicide, or homicide? Dete of injury19
(Stete or country)		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Williams	05 200	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) are		•••••
18. BURIAL, CREMATION, OR REMOVAL	55 24	Manner of injury
Plecoactic (too)	Dete	Nature of injury
19. UNDERTAKER William	4 fun	24. Wes disease or injury in any wey releted to occupetion of deceased?
(Address)	1	If so, specify
20 FILED 5 2 2 4 19 5 71 V'	Valin	(Signed) / W C. Value M. P.

Registrar.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY	PHYSICIAN
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stat	prop	TION is very important. See instructions on back of certificate.
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1		Feed
	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stateme

1. PLACE OF DEATH	
County At Marys	Registration Dist. No. 28/
Village or City Aidge	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrs,mos,ds,
2. FULL NAME man Ilmuell	
(a) Residence: No. (Usual place of abode)	St, Ward." If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 27 , 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF DIDTH () and by and a second of the second of t	Hast saw bern street born May 27, 1937.
6. DATE OF BIRTH (month, day, and year) May 2//37 7. AGE Years Months Day's If LESS than	lest saw beam after on the cate stated above, at. 3.Am.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Comparison of Pard 5/27/2-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	(bouch presentation)
O Date deceased last worked at this occupation (month and year) this occupation	
12. BIRTHPLACE (city of town) Rida	Other Contributory Causes of importance:
(State or country) May Con	
I 13. NAME James of Henry ich	
13. NAME Janes & Ferrick 14. BIRTHPLACE (city or town) Park Hall	Name of operation Date of
(State or country) md	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Sarah M Brooks	23. If death was due to external causes (VtOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Charlotte Hall	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Sandy B. Hunswick (Address) Ridge, md	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Letero, Semeliny Date - May 27 -, 1937	Nature of injury
19. UNDERTAKER Jagua F' Finance &	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Mary 27, 1937 By Bran Mr. Registrar	(Signed) M. D. (Address) And Am M. D.

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Chronic interstitial nepariting & CEIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 5 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

	ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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	M-11-11-11-11-11-11-11-11-11-11-11-11-11		

(Addrass)

24. Was disease or injury in any way related to occupation of decaasad? If so, specify (Address) ____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis 3111 3 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5647
1. PLACE OF DEATH	1572
County S/ Morga	Registration Dist. No. 284
Village or City Machaeurale (II	No. Occhrede St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs,mos	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME & cele Mac Hoydes	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If marriad, widowed, or divorced HUSBAND of	(1001)
(or) WIFE of	22. I HEREBY CERTIFY. Thet I attanded daceased from
6. DATE OF BIRTH (month, day, and year) May 2 -1937	I last saw h alive on May 5 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows: Date of onset
8. Trada, profession, or particular	O. /
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	many cati Closure
9. Industry or business in which work was done, es SILK MILL,	as borde sola.
SAW MILL, BANK, etc	7 6 200 7 7 7
- this occupation (month and spent in this	
yaar) occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) ST / Cage Co	
(State or country)	-
13. NAME required It ay du.	
14. BIRTHPLACE (city or town) 2 1	Neme of operetion Date of
(Stata or country)	What test confirmed diagnosis? Wes there an autopsy?
16. BIRTHPLACE (city or town) 94	23. If death wes dua to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did Injury occur?
17. INFORMANT Ragmond Hay den.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place 57 Mar efel Date 17 pay 8 , 19 87	Nature of Injury.
no he had	24. Wes diseese or injury In eny way related to occupation of decaasad?
19. UNDERTAKER M. Coleman (Address) Mechaela	If so, specify
ST- Waller	(Signed) Verm Jackoron M. D.
20. FILED 5 7 193 7 Tolyan NO Words	(Address) & Lacasto, No 00
Acgustar.	(number)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
PUREAU V S			
Other contributory causes of importance:	1000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.-

stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAMLY, WITH

	STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE (OF DEATH			(210-m)
County	of Mos	40.		Registration Dist. No.
Village or	City near Oa	Rocel	·	NoSt.,Ward
Length of re	esidence in city or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	R - 0	1 +	1. 1.	
2. FULL N		ora 1	Terver	If U. S. Veteran, specify WAR
(a) Reside	ence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX Male	4. COLOR OR RACE		RRIED, W100WED,	21. DATE OF DEATH
5e. If married, wide HUSBAND of (or) WIFE of	owed, or divorced		2	22. I HEREBY CERTIFY, That I ettended deceased from
C DATE OF BIRTH		and Pau	· ·	I lest saw h alive on ,19 ; death is said
	H (month, day, and year) Years Months	Oays	If LESS than	to have occurred on the date stated above, at
4	42 %		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
9. Industry or work w SAW M 10: Oate decethis occupant) 12. BIRTHPLACE ((State or co		Sp6	time (years) ent in this experience when the control of the contro	Street fraction of Ref Co. at knee I and tibe for book Jides of best farting Other Contributory Causes of importance: a Cartent Coffeed - On Three Note Road rear Oak wills: The May as mad
13. NAME	CE (city or town)	H. Mas	ujs Co	Name of operation Date of
1 (21616	or country)		ned.	What test confirmed diegnosis? Was there an eutopsy?
	NAME Cecelia CE (city or town) for country) The second sec	Inace	is Co. M.S.	23. If death was due to external ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? (A. C. a. d
	ATION, OR REMOVAL	(-	Manner of injury
Place.	forefore ch	Date	24 ,19.0.7	Nature of injury
19. UNOERTAKER (Address)	Work Veon	· Mallow	ring ly	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO. 17.2	3 ,193) Le	vin & So	thorow Registrar.	(Signed) Lever Software M. O (Address) Chalallo Hall grad
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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,	Example H		Example II	
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Other contributory of	eauses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	infor
tel	Jo J
W	item of
1	Every
	. 100

FOR BINDING

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OCCUPA-

Jo

Exact statement PHYS UNFADING INK-THIS IS A PERMANENT RECORD stated EXACTLY. properly classified. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. -WRITE PLAN

1. PLACE OF DEATH	
County St Marys	Registration Dist. No. 28/
Village or City Valley Le	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 87-yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Jewill	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH Man 1/1 1937
war white widowed	(Month) (Day) (Year)
5a. If merried, widowed or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of Joanna Newell	May 10 ,1937, to May 11, 1937
6. DATE OF BIRTH (month, day, and year) Fet 5, 1848	1 last saw ham alive on May 10, 1937; deeth is said
7. AGE Years Months Days I If LESS than	to have occurred on the date stated above, at 12/30 Am.
89 3 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Para
9. Industry or business in which	of francis 1936
work was done, as SILK MILL, SAW MILL, BANK, etc	(F 0 00)
10. Date deceased last worked et this occupation (myph and 1927 spant in this 50	Trobably premary in Jameseal
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Valley dee	Physician was not called to see patient
(State or country)	with disease was for advanced.
13. NAME Genjamin Hewill	
14. BIRTHPLACE (city or town) Valley Lee	Name of operation
(State or country) Md	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Lucy dum a king	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
(State or country) Virginia	Where did injury occur?
17. INFORMANT Benjamin Switt	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Valley de he	
18. BURIAL, CREMATION, OR REMOVAL O	Manner of Injury
Place of som bill Constage Many 121937	Natura of injury
19. UNDERTAKER Um C Mathing Cum	24. Wes diseese or injury in any way related to occupation of deceased?
(Address) done down hid	If so, specify
20, FILED May 12, 1977 PABean har	(Signed) M. D.
20. FILED May 12, 19. 1. 1. Registrar.	(Address) Great mille Ind

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastrocnteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY PHYSICIA	IN
-----------------------------------	---------------------	----

(Address)

should state

OCCUPA.

-	L PLACE OF	DEAT				
	County &	K. Me	uns			
	Village or Ci			srel	le m	2
	Length of resid	Jence in city	or town where	death o	ccurred	yrs,
2	. FULL NAM	ME M	faut	N	gyp	
	(a) Residence	ce: No.	much		m.	2
				((Usual place of	f abode)
	PERSON	AL AND	STATIS	TICAL	PARTIC	CULARS
	mule	4. COLOR	OR RACE			(write the word)
5a.	If married, widows HUSBAND of (or) WIFE of	ed, or divorc	ed		0	
6.	DATE OF BIRTH (month, day,	and year)	iay	17-1	937
7	AGE Year	S	Months		Days	If LESS than 1 day,h ormin.
NOL		sion, or part ork done, as BOOKKEEPE	SPINNER,			
CUPATION	9. Industry or b work was SAW MILI	done, es SIL L, BANK, etc	K MILL,		,	
000	10. Date decease this occup year)	ation (montl	ed at h and		11. Total tim spent occup	in this
12.	BIRTHPLACE (city (State or coun		way	lu	-l	
ER	13. NAME U	suls	on	The	vas.	
FATH	14. BIRTHPLACE (State or	(city or towi	n) Me	ho	Inl	
ER	15. MAIDEN NAM	ME M	nie	Te	rrae	2
MOTH	16. BIRTHPLACE (State or	(city or town	n) med	ian	core	lle
17.	INFORMANT (Address)	Vilo	on 9	Les	će_	nd
18.	BURIAL, CREMATI					

5650

(159)	
Registration Dist. No. 284	
No. St., death occurred in a hospital or institution, give its NAME instead of street and r ds. How long in U.S. if of foreign birth?yrs	
St. Ward.	
If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (Monty) (Day)	, 193 (Year)
22. I HEREBY CERTIFY That I ettended May 17, 1937, to May 1 I last saw h	deceased from 7, 1937 ; death is said
were es follows:	Date of onset
Premature birth-	
Other Contributory Causes of importance: Opygutality deformity of the large and lorsen spine	
Name of operation Dete of	
What test confirmed diegnosis? Was there en a	u'opsy? No
23. If death was due to externel ceuses (VIOLENCE) fill in also the following	
Accident, suicide, or homicide? Date of Injury	, 19
Where did injury occur?	e) ACE.
Manner of Injury	
Neture of injury	
24. Was disease or injury in any way related to occupation of deceased?	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	of death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	itis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 4 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory c	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		ļI		

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. AGE should be TION is very important. B.-WRITE PLANLY,

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5651
1. PLACE OF DEATH	
County St. man	Registration Dist. No. 25-6
Village or City While Company	No. St., Ward
Length of residence in city or town where deeth occurred yrsyrsyrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME / Same to	w,
(a) Residence: No. alule what	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. , I HEREBY CERTIFY. That I attended deceased from
2 1-18-2	4-13-,1937, to 5-28-,193)
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 7 7 , 19 , death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date slated above, at 1, 2, 0, 2, m. The PRINCIPAL CAUSE OF DEATH and related causes of importence
9 Trade profession or posticular	were as follows:
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	01-11-12-12-11-17
■ 9. Industry of Dusiness in which	Co We Navier
work was done, as SILK MILL, SAW MILL, BANK, etc	3
11. Total time (years) this occupation (month and 193 spent in this 3 occupation) year)	
01.111	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Custoul grupsy
	man
13. NAME WILLIAM 14. BIRTHPLACE (city or town).	751
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME St' abith form	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of Injury, 19
(State of Epolity)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Confliction (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place 6 21 (Luchate 3 - 31 -, 193)	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any wey related to occupation of deceesed?
20. FILED J 30, 193 professor	(Signed) / W Jalum M. D. (Address)
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Example I The principal cause of death and related causes of importance were as follows:		1	Example II	
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	.IIIN 8 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:	10	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

1 + 1.	14-19
county It many	Registration Dist. No. 2
Village or City Valley Lee	NoSt.,Ward
Length of residence in city or town where death occurred 27 yrs. 1 2. FULL NAME Many Eliza Seth	(If death occurred in a horpital or institution, give its NAME instead of street and number) mos
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEI	
Finale Black OR DIVORCED & word	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cles Stateaman	22. I HEREBY CERTIFY, That I attended deceased from April 7, 1937, to May 15, 1937.
6. DATE OF BIRTH (month, day, and year) Carl 1,1910	I last saw hand alive on May 14 1937; death is said
7. AGE Years Months Days If LESS that	
27 / / 5 1 day,	
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bente neghitis 5/1/37
9. Industry or business in which	
work was done, as SILK MILL, own home	Diagnosed as a marginal placenta previst.
0 10. Date deceased last worked at this occupation (month and last 11. Total tima (years)	Clars had been made to send her to has
this occupation (month and May 1937 spent in this year) occupation	petal, for delineay Con Joth
12. BIRTHPLACE (city or town) Valley her	Other Contributory Causes of importance:
(State or country)	Macent phase (morganol). Rept 130
13. NAME Right of Catal	- Anemia 1/15/37
14. BIRTHPLACE (city or town). alley	She was found dead, one mornings
14. BIRTHPLACE (city or town)	Name of operation Data of Data of
(State or country)	What test confirmed diagnosis? Was thera an au'opsy?
15. MAIDEN NAME Memory Barnes 16. BIRTHPLACE (city or town) Valley dec	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
[16. BIRTHPLACE (city or town) Valley dec	Accident, suicide, or homicide? Date of injury, 19
E (Stata or country)	Where did injury occur?
17. INFORMANT Langue Stationary (Address) Valley der Ind	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place It Mark Cenally Date Mag 16, 195	
19. UNDERTAKER WM C Mattingly (Address) Language of The Market	24. Was diseasa or injury in any way related to occupation of dacaased?
he it and it	(Signed) M.D.
20. FILED Maly 13, 1937 JA Beauty	(Address) (he the line and

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
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